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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10575856 | <b>Applicant(s)/Patent Under Reexamination</b><br>LEE, DUCK GIL |
|   | <b>Examiner</b><br>Quang T Van             | <b>Art Unit</b><br>3742   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 219                |                                   | 757      |  |  |  | H                            | 0 | 5 | B | 8 / 64 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | H                            | 0 | 5 | B | 6 / 80 (2006.01.01) |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 219                | 582                               |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 17    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 3        | 18    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        | 19    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        | 20    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        | 21    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        | 22    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        | 23    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        | 24    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE  |  | <b>Total Claims Allowed:</b> |                     |
| (Assistant Examiner)                            |  | 24                           |                     |
| /Quang T Van/<br>Primary Examiner Art Unit 3742 |  | 10/29/2009                   | O.G. Print Claim(s) |
| (Primary Examiner)                              |  | (Date)                       | O.G. Print Figure   |
|   |  | 1                            | 2                   |